Questionnaire: Immune Response

Patient Name: _____ Patient DOB: _____ Gender: _____

1 - Immune (Acute or Chronic)

1=Rarely/Never 2=Occasionally 3=Frequent 4=Always

☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic swollen lymph glands
☐ 1 ☐ 2 ☐ 3 ☐ 4	Frequent sore throats
☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience ear infections
☐ 1 ☐ 2 ☐ 3 ☐ 4	Cold sores or fever blisters
☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic low grade fever
☐ 1 ☐ 2 ☐ 3 ☐ 4	Gums and/or nose bleeds easily
☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience frequent runny nose
☐ 1 ☐ 2 ☐ 3 ☐ 4	Muscle aches and joint pain
☐ 1 ☐ 2 ☐ 3 ☐ 4	Frequently tired or fatigued unrelieved by sleep
☐ 1 ☐ 2 ☐ 3 ☐ 4	Easily susceptible to infections
☐ Yes ☐ No	Frequently catch a cold or flu
☐ Yes ☐ No	Difficult to recuperate from a flu or cold
☐ Yes ☐ No	Cuts or bruises heal slowly
☐ Yes ☐ No	Hair grows slowly or falls out easily

2 - Allergy - (Food/Environmental)

1=Rarely/Never 2=Occasionally 3=Frequent 4=Always

☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience chemical sensitivities
☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience environmental and/or food allergies
☐ 1 ☐ 2 ☐ 3 ☐ 4	Irritability/mood swings
☐ 1 ☐ 2 ☐ 3 ☐ 4	Frequent headaches and/or migraines
☐ 1 ☐ 2 ☐ 3 ☐ 4	Abnormal fatigue not helped by rest
☐ 1 ☐ 2 ☐ 3 ☐ 4	Post nasal drip
☐ 1 ☐ 2 ☐ 3 ☐ 4	Frequent sneezing attacks and/or hayfever
☐ 1 ☐ 2 ☐ 3 ☐ 4	Weight fluctuations of 4-5 lbs. in one day accompanied by puffiness in face/a
☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic muscle aches and pains
☐ 1 ☐ 2 ☐ 3 ☐ 4	Suffer from asthma/breathing difficulties
☐ 1 ☐ 2 ☐ 3 ☐ 4	Eczema, hives or skin rashes
☐ 1 ☐ 2 ☐ 3 ☐ 4	Suffer from depression or crying spells
☐ 1 ☐ 2 ☐ 3 ☐ 4	Itchy eyes or nose
☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic runny nose
☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic stuffy nose
☐ 1 ☐ 2 ☐ 3 ☐ 4	Dark circles under your eyes
☐ 1 ☐ 2 ☐ 3 ☐ 4	Frequent urination or bedwetting

3 - Dysbiosis (Yeast or Parasites)

1=Rarely/Never 2=Occasionally 3=Frequent 4=Always

☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic fatigue, especially after eating
☐ 1 ☐ 2 ☐ 3 ☐ 4	Depression
☐ 1 ☐ 2 ☐ 3 ☐ 4	Recurrent digestive complaints
☐ 1 ☐ 2 ☐ 3 ☐ 4	Rectal itching
☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience food and/or environmental allergies
☐ 1 ☐ 2 ☐ 3 ☐ 4	Feel "spacey"
☐ 1 ☐ 2 ☐ 3 ☐ 4	Poor memory
☐ 1 ☐ 2 ☐ 3 ☐ 4	Severe mood swings
☐ 1 ☐ 2 ☐ 3 ☐ 4	Anxiety/nervousness
☐ 1 ☐ 2 ☐ 3 ☐ 4	Recurrent fungal infections (athletes foot, ringworm, "jock itch")
☐ 1 ☐ 2 ☐ 3 ☐ 4	Experience extreme chemical sensitivity
☐ 1 ☐ 2 ☐ 3 ☐ 4	Coated or sore tongue
☐ 1 ☐ 2 ☐ 3 ☐ 4	Light-headedness or feel drunk after minimal wine, beer or certain foods
☐ 1 ☐ 2 ☐ 3 ☐ 4	Respiratory problems
☐ 1 ☐ 2 ☐ 3 ☐ 4	Chronic skin rashes or acne
☐ 1 ☐ 2 ☐ 3 ☐ 4	Thrush (white fungus in mouth or vagina)
☐ 1 ☐ 2 ☐ 3 ☐ 4	Headaches/migraines
☐ 1 ☐ 2 ☐ 3 ☐ 4	Muscle and joint pains
☐ 1 ☐ 2 ☐ 3 ☐ 4	Low blood sugar
☐ 1 ☐ 2 ☐ 3 ☐ 4	Crave sugar, breads or alcoholic beverages
☐ 1 ☐ 2 ☐ 3 ☐ 4	Suffer from PMS
☐ 1 ☐ 2 ☐ 3 ☐ 4	Cannot tolerate perfumes or smoke
☐ Yes ☐ No	Prostatitis
☐ Yes ☐ No	Recurrent vaginal or urinary infections
☐ Yes ☐ No	Loss of libido/impotence
☐ Yes ☐ No	History of frequent antibiotic use
☐ Yes ☐ No	Taking or have taken birth control pills
☐ Yes ☐ No	Endometriosis and/or infertility
☐ Yes ☐ No	Above conditions get worse in moldy places like basements or damp climate
☐ Yes ☐ No	Above conditions get worse after eating or drinking items that contain yeast